	BUREAU OF V	BOARD OF HEALTH VITAL STATISTICS ATE OF DEATH
17	1. PLACE OF GEATH County Carvoll Registration District Primary Registration City (No. 1997)	1-10/ 1 1 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/
4	2. FULL NAME (a) Residence, No. (Usual place of abode) Length of residence in city or town where death occurred PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word) MANAGE 5. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WILS-OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month, and year) occupation (month, and year) (STATE OR COUNTRY)	Ward. (If nonresident, give city or town and State) ds. How long in U.S., if of foreign birth? yrs. mos. ds. MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 22. I HEREBY CERTIFY, That I attended deceased from 9 — 1937 I last saw h core alive on 1937. Death is said to have occurred on the date stated above, st? m. The principal cause of death and related causes of importance were as follows: Core for the following causes of importance were as follows: Other contributory causes of importance: Other contributory causes of importance:
31	13. NAME JACON JOEKAON 14. BIRTHPIACE (CITY OR TOWN) 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) 17. INFORMANT JOEKAON 17. INFORMANT JOEKAON 18. BURIAL, CREMATION, OBTEMOVAL PLACE PLYINGTON MODER OF JOEKAON 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 10. JOEKAON 20. FILED JCL. 17. 1937 Registrar.	Name of operation Name of operation Date of What test confirmed diagnosis? No Was there an autopsy? No 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19. Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury 14. Was disease or injury in any way related to occupation of deceased? If so, specify (Signor) (Address) M. D. (Address)



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